| PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  Application or Docket Number  10429572  4-37-761 |   |   |                              |                               |                              |                  |   |                     |                        |    |                     |                        |  |
|--|---|---|------------------------------|-------------------------------|------------------------------|------------------|---|---------------------|------------------------|----|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |   |                              |                               |                              |                  |   | MALL EN             | ITITY                  | OR | OTHER<br>SMALL      | •                      |  |
| TOTAL CLAIMS   |   |   | 20                           |                               |                              |                  | ſ | RATE                | FEE                    | 1  | RATE                | FEE                    |  |
| FOR  |   |   | NUMBER FILED                 |                               | NUMBER EXTRA                 |                  | I | BASIC FEE           | 375.00                 | OR | BASIC FEE           | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 20 minus 20=                 |                               | • 5                          |                  | I | X\$ 9=              |                        | OR | X\$18=              |                        |  |
| INDEPENDENT CLAIMS   |   |   | minus 3 =                    |                               | 1                            |                  | Ì | X42=                |                        | OR | X84=                | 54.00                  |  |
| MU   | LTIPLE DEPEN  | DENT CLAIM PF                               | RESENT                       |                               |                              |                  | Ì | +140=               |                        | OR | +280=               |                        |  |
| * If   | the difference  | in column 1 is l                            | less than zero, enter "0" in |                               |                              | olumn 2          |   | TOTAL               |                        | OR | TOTAL               | 854.00                 |  |
| 3/   | 30/05 (Column 1) (Column 2) (Column 3   |   |                              |                               |                              |                  |   | SMALL               | ENTITY                 | OR | OTHER<br>SMALL      |                        |  |
| AMENDMENTA   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                 | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | .25   | Minus                        | - d                           | 0                            | - 5              |   | X\$ 9=              |                        | OR | 1500 E              | 250 a                  |  |
|  | Independent   | .4  | Minus                        | <u>/</u>                      | <u> </u>                     | <u>  </u>        | ſ | X42=                |                        | OR | X84=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT  |   |                              |                               | CLAIM                        |                  | Ì | +140=               |                        | OR | +280=               |                        |  |
|  |   |   |                              |                               |                              |                  |   | TOTAL               |                        |    | TOTAL               | 250,00                 |  |
|  |   | ,   | ADDIT. FEE                   |                               | ,                            | ADDIT. FEE       |   |                     |                        |    |                     |                        |  |
| AMENDMENT B  |   | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                              | HIGH<br>NUM<br>PREVI          | _                            | PRESENT EXTRA    |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | ·dg   | Minus                        | # d                           | 5                            | - /              |   | X\$ 9=              |                        | OR | X\$18=              |                        |  |
|  | Independent   | NTATION OF M                                | Minus                        | ENDEND                        | T CI AND                     |                  | ſ | X42=                |                        | OR | X84=                |                        |  |
| L.   | FIRST PRESENTATION OF MULTIPLE DEPENDENT  |   |                              |                               | COAM                         |                  |   | +140=               |                        | OR | +280=               |                        |  |
|  |   |   |                              |                               |                              |                  |   | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE |                        |  |
|  | (Column 1) (Column 2) (Column 3)  |   |                              |                               |                              |                  |   |                     |                        |    |                     |                        |  |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                              | NUN<br>PREVI                  | HEST<br>HBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|  | Total   | •   | Minus                        | **                            |                              | a a              |   | X\$ 9=              |                        | OR | X\$18=              |                        |  |
|  | Independent   | *   | Minus                        | 444                           | - 01 61                      | -                | ı | X42=                |                        | OR | X84=                |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                              |                               |                              |                  |   | +140=               |                        |    | +280=               |                        |  |
| If the entry in column 1 is less than the entry in column 2, write '0' in column 3.                                      |   |   |                              |                               |                              |                  |   |                     |                        |    |                     |                        |  |
|  | The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                              |                               |                              |                  |   |                     |                        |    |                     |                        |  |